

FRESNO/KINGS/MADERA
EMERGENCY MEDICAL SERVICES

**HEALTH SERVICES AGENCY
POLICIES AND PROCEDURES**

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 813 Page 1 of 2
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References		Effective 01/01/90

I. POLICY

- A. Prehospital documentation shall be filled out completely, accurately and legibly.
- B. A trauma score shall be calculated for each trauma patient where a prehospital care report is completed.

II. PROCEDURE

The trauma score uses a numerical grading system that provides an estimate of the severity of injury. The trauma score is calculated by adding the point values associated with the five vital signs being evaluated. Mark the applicable point values on the prehospital care report (PCR) and note the total trauma score in the boxes in the chief complaint section.

A. Glasgow Coma Scale

Once the Glasgow Coma Scale has been calculated, it must be converted to a trauma score value. Note the Conversion Chart.

As an example, a Glasgow Coma Scale of 14 would convert to a trauma score value of 5. This would be added to the other values to obtain the trauma score.

B. Respiratory Rate

Points decrease based upon the variance from normal respiratory rate of 10-24/minutes.

C. Respiratory Effort

Normal Easily visible chest wall movement.

Retractive Chest wall movement that is assisted by any accessory muscles of respiration; i.e., neck muscles, intercostal retraction.

Shallow Barely perceptible (or absent) chest movement or air exchange.

Approved By EMS Division Manager	Signatures on File at EMS	Revision 02/01/97
Fresno County EMS Medical Director	Signatures on File at EMS	
Kings and Madera Counties EMS Medical Director	Signatures on File at EMS	

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D. Capillary Refill

Press the nail bed, forehead, or oral mucosa so that it blanches. Release quickly and determine whether color returns within 2 seconds. Return of color within 2 seconds is normal; return of color after 2 seconds has elapsed is consider delayed. The patient is considered to have no capillary refill if no color change occurs on pressing and releasing area.

Be sure that the nail bed, forehead, or oral mucosa is at the level of the patient's heart; otherwise refill will be falsely increased or decreased. Nail bed determination is usually preferable but cannot be used if circulation to the extremity is affected by cold or injury. The next choice would be forehead. The oral mucosa would only be utilized if the forehead was traumatized or if the skin was too dark to allow for measurement of capillary refill.

E. Systolic Blood Pressure

The blood pressure by auscultation or palpation using ether the patient's right or left arm.

F. Calculation

The scores of each component (respiratory rate, respiratory effort, capillary refill, blood pressure and Glasgow Coma Score) are added to obtain the trauma score.

As an example:

G.C.S of 14		5
Resp. Rate of 16	4	
Resp. Effort: Normal		1
Capillary Refill: Delayed		1
Blood Pressure: 80/60		<u>3</u>
TRAUMA SCORE=		14

The lowest possible score is 1 while the highest is 16.